

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000002724

Entity Name: F.S.C.A. INC.

Current Principal Place of Business:

551 EAGLE AVE E.
EAGLE LAKE, FL 33839

Current Mailing Address:

551 EAST EAGLE AVENUE
EAGLE LAKE, FL 33839 US

FEI Number: 47-3526652

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ARDIS, DEBRA C
326 LAKE MILLSITE RD. E.
BARTOW, FL 33830 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name QURISHI, SHARELL
Address 900 AVE V SE
City-State-Zip: WINTER HAVEN FL 33880

Title VP/T
Name ARDIS, DEBRA CORNELIA
Address 326 LAKE MILLSITE DR. E.
City-State-Zip: BARTOW FL 33830

Title S
Name WHITE, DWAYNE HAWKINS
Address 745 AVENUE A SW
City-State-Zip: WINTER HAVEN FL 33880

Title OFFICER
Name MCCANTS, JOHN
Address 603 SEARS AVE
City-State-Zip: WINTER HAVEN FL 33881

Title OFFICER
Name JOHNSON, ANNETTE
Address 1169 NORMANDY HEIGHTS CIRCLE
City-State-Zip: WINTER HAVEN FL 33880

Title OFFICER
Name JOHNSON, HENRY
Address 1169 NORMANDY HEIGHTS CIRCLE
City-State-Zip: WINTER HAVEN FL 33880

Title OFFICER
Name XIMINES, MICHELLE
Address 435 MAJESTIC GARDENS BLVD.
City-State-Zip: WINTER HAVEN FL 33880

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DEBRA C. ARDIS

VP/TREASURER

02/13/2017

Electronic Signature of Signing Officer/Director Detail

Date